

CSFP Participant Agreement Disclaimer

Changes to household income must be reported within 10 days of changes becoming known.

Any appeals to decisions regarding eligibility must be made within 60 days.

The local agency will make health services and nutrition education available and you are encouraged to participate.

Missing two consecutive months distributions will result in removal from the program.

The CSFP program is intended as a supplemental food program only. It does not provide 100% of nutritional needs.

Participants must be recertified every 12 months.

Household Size	Per Year	Per Month	Per Week
1	16,744	1,395	322
2	22,646	1,887	436
3	28,548	2,379	549
4	34,450	2,871	663
5	40,352	3,363	776
6	46,254	3,855	890
7	52,156	4,346	1,003
8	58,058	4,838	1,117
Amount per person above 8	5,902	492	114

I hereby certify that:

I understand that the foods given me are to be used by person listed hereon and as directed by the distributing agency. I authorize the **people listed as a proxy in my profile** to pick up food for me from the Food Distribution Center.

This application is being made in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I am also aware that I may not receive CSFP benefits at more than one CSFP site at the same time. Furthermore, I am aware that the information provided may be shared with other organizations to detect and prevent dual participation. I have been advised of my rights and responsibilities under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge. I authorize the release of information provided on this application to other organizations for use in determining my eligibility for participation in other public assistance programs and for outreach purposes."

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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